

UNIFIED SAN DIEGO COUNTY EMERGENCY SERVICES ORGANIZATION
DISASTER SERVICE WORKER REGISTRATION AND LOYALTY OATH

* The completion of the information identified by an asterisk is mandatory in accordance with Govt. Code Sec 8589 and the California Emergency Council Rules and regulations: all other information is voluntary. The purpose of information is registration as a Disaster Service Worker (DSW). Failure to provide mandatory information is disqualification as a DSW.

PLEASE PRINT LEGIBLY IN BLACK/ BLUE INK OR TYPE

____ NEW APPLICATION

X RENEWAL

* Name: Jane Doe
First Last

* Address: 1234 Not Real Rd. SP CA 55193
Number Street Apt # City State Zip

E-Mail Address: JaneDoe@hotmail.com

* Telephone No. (555) 222-1111 Date of Birth: 01/01/70

Class Assigned: Community Emergency Response Team

Specialty: City of San Diego CERT

Sponsoring Group Name: City of San Diego Fire and Rescue Department

* Loyalty Oath of Affirmation (Government Code Sec 3102)

I, Jane Doe do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely; without any mental reservations or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Taken and subscribed before me on 01/01/70 at San Diego, CA
(Today's Date: MM/DD/YYYY)

* Jane Doe
Signature of Volunteer/DSW

Signature of Authorized Sponsoring Group Official, Title

Signature of Director, County OES

The Official responsible for the maintenance of this information and the location filed is as follows:

Disaster Council: Unified San Diego County Emergency Services Organization
Address: Office of Emergency Services
5555 Overland Ave. Bldg 19
San Diego, CA 92123

Responsible Official: Ron Lane, Director Phone Number: 858-565-3490

For Official Use Only

Registration Date: _____

Expiration Date: _____

Staff Initials: _____ date: _____